## POLITICAL INQUIRY FORM (TO BE COMPLETED BY STATION REPRESENTATIVE RESPONDING TO THE INQUIRY)

**INSTRUCTIONS**: This form must be completed as to all <u>requests</u>, both oral and written, for broadcast time to be used by or on behalf of (1) a candidate for public office or (2) persons who wish to communicate a message relating to "any political matter of national importance," as defined in the Bipartisan Campaign Reform Act of 2002. It is to be kept in the Station Public File for a period of two years.

STATION DATE OF REQUEST:
INQUIRY MADE BY:
AGENCY (if any):
ADDRESS OF AGENCY:
CITY, STATE, ZIP OF AGENCY:
TELEPHONE NUMBER OF AGENCY:
CANDIDATE:
ORGANIZATION OR SPONSORING AUTHORITY (WHO WILL PAY):
IF SPONSOR IS A COMMITTEE, NAME OF COMMITTEE: Immigrant Voters Win PAC
ADDRESS OF COMMITTEE: 1536 U Street NW
CITY, STATE, ZIP OF COMMITTEE: Washington DC 20009
TELEPHONE NUMBER OF COMMITTEE: 202-339-9340
COMMITTEE OFFICERS:
Chairman: Deepak Pateryia
Vice Chairman:
Treasurer: Ryan Young
Deputy Treasurer: Darryl Tattrie
Is this the Candidate's Authorized Committee? ( ) yes ( X ) no
OFFICE SOUGHT: Congressional District 9 PARTY AFFILIATION: Democra
(X) federal () state () local
ELECTION AND DATE:
( ) primary ( ) general

FOR ISSUE	ADS ONLY:
a.	Candidate(s) and offices (if any) referred to:
b.	Federal election(s) (if any) referred to:
c. d. Street NW, V	Issue(s) discussed:Anti Candidate Darren Soto Name, Address, Phone Number of Contact: Immigrant Voters Win PAC 1536 L Vashington DC 20009, 202-339-9340
DATE	ES REQUESTED:
LENGTH OF	SPOT/PROGRAM TIME REQUESTED:
	n writing ( ) orally uest is made in writing, attach and retain.
()g If not	N OF REQUEST: granted ( ) denied granted, state reasons in space below. If denied in writing, attach and retain. I ed, attach contract and invoice, when available.
( )	OR DOCUMENTATION THAT CANDIDATE IS LEGALLY QUALIFIED: ves ( ) no h any written documentation received.
DATE POLIT	TICAL DISCLOSURE FORM SUBMITTED TO REQUESTOR:
	<u>COMMENTS</u>
	STATION REP
	REVIEWED